

## TRAVEL EXPENSE CLAIM

STD. 262 (REV. 10/92)

See Instructions and \*Privacy  
Statement On Reverse Side

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CLAIMANT'S NAME <b>Glen Thomas</b>		SSAN OR EMPLOYEE NUMBER*		DEPARTMENT <b>Governor's Office</b>	
POSITION <b>Secretary</b>		CB/ID NUMBER		DIVISION OR BUREAU <b>Office of the Secretary of Education</b>	
RESIDENCE ADDRESS* <b>1121 L Street #600</b>		HEADQUARTERS ADDRESS <b>1121 L Street #600</b>		INDEX NUMBER <b>131</b>	
CITY <b>Sacramento</b>		STATE <b>CA</b>		ZIP CODE <b>95814</b>	
CITY <b>Sacramento</b>		STATE <b>CA</b>		ZIP CODE <b>95814</b>	

(1) MONTH/YEAR October		(3)  LOCATION WHERE EXPENSES WERE INCURRED	(4)  LODGING	(5) MEALS			(6)  INCIDENTALS	(7) TRANSPORTATION					(8)  BUSINESS EXPENSE	(9)  TOTAL EXPENSES FOR DAY
(2)  DATE	TIME			BREAK-FAST	LUNCH	O.T., LT, N/C, RELO. OR DINNER		(A)  COST OF TRANS.	(B)  TYPE USED	(C)  CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
14	0430	San Jose/Washington DC		4.36	9.00		2.37						1.59	17.32
15		Washington DC			5.10	18.00		29.00					3.18	55.28
16	1800	Washington			9.00		5.20			36.00				50.20
13	1200	Sacto/San Jose	156.49											156.49
21	0530	Sacto/Los Angeles/return			4.50			101.95		9.00				115.45
22	1600	Sacto/Los Angeles				18.00		97.00						115.00
23	1330	Los Angeles/ Sacto	137.50	6.00				95.00		9.00				247.50
25	1300	Sacramento/LA				18.00								18.00
26		LA/Sacramento	179.36					23.00		9.00				211.36
10) SUBTOTALS			473.35	10.36	27.60	54.00	7.57	345.95		63.00			4.77	986.60

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$ 986.60

(1) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

10/14-16/09 Wallace Foundations National Conference, Washington DC

10/13/09 Speak to Silicon Valley Leadership Group, San Jose, CA

10/21/09 First Five Commission Meeting, Los Angeles, CA

10/22-23/09 21st Century Learners Symposium, Los Angeles, CA

10/25-26/09 Speak to CCSEA Quarterly Meeting RE: Digital Textbooks, Los Angeles, CA

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(5) I HERBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety.

CLAIMANT'S SIG

DATE

(16) SIG

DATE

10/27/09

10/27/09